

**INDIVIDUAL DEVELOPMENT ACCOUNT  
ANNUAL FINANCE REPORT FOR  
STATE MATCHED IDAs & FEDERAL MATCHED AFIAs**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**REPORTING DATE:** \_\_\_\_\_

**PROGRAM NUMBER (ie 00-301):** \_\_\_\_\_

**NUMBER OF IDAs AWARDED FOR THE REPORTED PROGRAM NUMBER:** \_\_\_\_\_

**NUMBER OF ACTIVE IDAs FOR THE REPORTING PERIOD:** \_\_\_\_\_  
*(12 Preceding Months Before May 10 of the Reporting Year)*

**DOES YOUR ORGANIZATON HAVE MORE THAN ONE PROGRAM NUMBER:** \_\_\_\_\_  
IF YES, LIST THE OTHER PROGRAM NUMBER(S): \_\_\_\_\_

**NAME OF THE BANK:** \_\_\_\_\_

\_\_\_\_\_

**BANK CONTACT NAME & PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_

**FEDERAL ID NUMBER OF BANK:** \_\_\_\_\_

**ACCOUNT SPREADSHEET:** *(Active Accounts Only)*

- Attach a spreadsheet with the following column headings.
- Identify the AFIA accounts by bold, asterisk or underline.

**IDA Holder's Name:**

**IDA Holder's ID Number:** Program Number + Social Security Number (ie. 00-301-307-82-5696).

**IDA Bank Account Number:**

**IDA Savings Amount:** Do not include interest or deposits from the previous reporting year.

**State Match Amount:** IDA savings amount **times three**, not exceeding \$900

**Federal Match Amount:** IDA savings amount **times three**, not exceeding \$900

**Total IDA Savings Amounts:**

**Total State Match Amounts:** This amount must equal the financial institution's claim voucher.

**Total Federal Match Amounts:** This amount must equal the financial institution's claim voucher.

## ACCOUNT SPREADSHEET SAMPLE

Name	ID Number	Bank Account #	Savings	State Match	Federal Match
Fletcher, J. B.	00-301-302-56-8975	410257189	\$300.00	\$900.00	\$900.00
Mason, Perry	00-301-501-85-4596	458962713	\$250.00	\$750.00	\$0.00
Matlock, Ben	00-301-412-99-8562	852634982	\$400.00	\$900.00	\$900.00
Totals			\$950.00	*\$2,250.00	*\$1,800.00

\*Should equal financial institution's claim vouchers.